

since many federal physicians are in younger age groups.³

The median age for physicians in private practice not shown in Table 4) was 46.0 years, a slightly higher figure than for all physicians. Partial reason for this fact is that there are more interns and residents in the distribution, which tend to lower median age than there are retired physicians, which tend to raise it. Since these three heterogeneous groups comprise over half of all physicians not in private practice and counter-balance each other, an average age for physicians not in private practice would not be significant.

Within private practice, the median age of full-time specialists (45.0 years) is slightly below that of general practitioners (47.5 years) and considerably below that of part-time specialists (53.0 years), with the last category showing the highest average age by a margin of seven years over all private-practice physicians.

Among physicians not in private practice (excluding interns, residents, and retired physicians), medical administrators show the highest median age (58.0 years) and physicians in research the lowest median age (39.0 years).

Area age differentials were calculated, but space limitations do not allow their inclusion in this article. The results reveal that the median physician age was highest in rural counties (50.0 years) and in the Santa Barbara area (49.3 years). The former case probably represents a true distribution; the latter is skewed by a high retired population. Rural counties include Lake, Mariposa, Mono, Plumas, Sierra, and Trinity. The San Jose Metropolitan Area shows the lowest physician median age (41.7 years), correlating generally with the fact that this is a young, growing community. The median age in the Los Angeles-Long Beach Metropolitan Area was 45.2 years; the median age in the San Francisco-Oakland Metropolitan Area was 43.9 years.

Technical Notes

These tables represent some of the salient points in the first phase of the Study of the Characteristics of Physicians in California. A more detailed compilation of tables will be available for distribution in the near future. They will contain the following information: Sex and age of all physicians, A.M.A. membership by county medical society jurisdiction and by type of practice, types of service of federal service physicians, more complete breakdown by specialties by county medical society jurisdictions, further details as to age distribution by geographic area, and type of practice of physicians in private practice for counties and for county medical society

³This figure does not appear in Table 4.

jurisdictions. They can be obtained by writing to the Bureau of Research and Planning of the California Medical Association.

The Bureau of Research and Planning gratefully acknowledges the assistance of Mr. Robert A. Enlow, director, circulation and records department, American Medical Association, and his staff in supplying the IBM cards; and to the division of research of the California State Department of Public Health for its generous aid in providing staff and machine-time for the analyses and tabulations presented. Among the several individuals who have assisted in this task are: Robert Dyar, M.D., Louis F. Saylor, M.D., and Miss Jean Bowman. The services of Mr. Gordon Elmeer, an epidemiological trainee, were also made available to the bureau by the division.

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Use of, and Satisfaction with, C.M.A. Relative Value Studies by Physicians in Active Practice in California

A Report by the Bureau of Research and Planning, California Medical Association

Data tabulated from the Study of the Characteristics of Physicians in California, conducted by the C.M.A. Bureau of Research and Planning, show that over 70 per cent of all physicians in active private practice utilize the Relative Value Studies, with over 41 per cent stating that they use it "all or most of the time." Use figures range from almost 78 per cent of physicians who participate in some form of prepayment program to under 53 per cent of physicians who do not participate in any such program.

Eighty per cent of all physicians in private practice who use the RVS expressed general satisfaction, with 11.8 per cent dissatisfied and 8.2 per cent stating no opinion as to their satisfaction. Of the 80 per cent who expressed satisfaction, two out of three use the RVS all or most of the time.

THE FOLLOWING ANALYSES discuss the use by physicians in California and their satisfaction with the C.M.A. Relative Value Studies. The information is based upon data collected by the Bureau of Research and Planning in the Fall of 1961. It is the first group of data to be tabulated from the almost 13,000 responses to the Study of Characteristics of Physicians in California, a census questionnaire sent to all physicians in the State as of Spring, 1961.

A total of 11,910 responses were used in compiling the tables shown below. Responses which were

not used included the following: retired, not in the active practice of medicine, no longer living in California, and physicians with California addresses who actually reside overseas (APO and FPO San Francisco addresses).

Table 1 shows the proportion of physicians in private practice within the State who use the Relative Value Studies. Slightly over 70 per cent of all such physicians state that they make use of the RVS, with such usage ranging from "all or most of the time" to "only in specific cases or programs." The former group comprises 41.7 per cent of physicians, whereas the latter comprises 10.7 per cent. The group stating that they use the RVS "occasionally" makes up 18.5 per cent of the respondents, with the "non-users" accounting for the remaining 29.7 per cent.

Among those physicians who use the RVS all or most of the time, over 90 per cent expressed general satisfaction. Two hundred thirty-nine respondents (2.6 per cent of the overall total) stated that they are dissatisfied with the RVS but nevertheless use it all or most of the time. Satisfaction ratios seem to be correlated with amount of usage, with 69.3 per cent of those who use the RVS "occasionally" and 57.2 per cent of those who use the RVS "only for specific cases or programs" stating that they found the structure and performance of the RVS satisfactory.

Table 2 shows a breakdown of all physicians who use the RVS, in terms of their general satisfaction with it. Eighty per cent of all physicians who use the RVS expressed satisfaction with its structure and performance, with 66.4 per cent of the satisfied

group stating that they use the RVS all or most of the time. Under 12 per cent of all users indicated dissatisfaction; over two out of three physicians in the dissatisfied group stated that they use the RVS only "occasionally" or "for specific cases or programs." Users who expressed no opinions as to their satisfaction accounted for the remaining 8.2 per cent of the group. Only two in five of the "no opinion" group are constant users of the RVS.

Tables 3 and 4 show percentages of usage of, and satisfaction with, the RVS for physicians in private

TABLE 2.—Satisfaction with and Frequency of Use of RVS by All Physicians in Private Practice Who Use the RVS

Nature of Response	Number of Respondents	Per Cent of All Respondents	Frequency of Use by Degree of Satisfaction
Total using RVS.....	6,373	100.0	
Satisfied	5,094	80.0	100.0
Use all the time.....	3,377	53.0	66.4
Use occasionally	1,164	18.3	22.8
Use only in specific cases	553	8.7	10.8
Not satisfied	754	11.8	100.0
Use all the time.....	239	3.7	31.7
Use occasionally	277	4.4	36.8
Use only in specific cases	238	3.7	31.5
No opinion	525	8.2	100.0
Use all the time.....	110	1.7	21.0
Use occasionally	239	3.7	45.6
Use only in specific cases	176	2.8	33.4

TABLE 3.—Satisfaction and Frequency of Use of RVS by Physicians in Private Practice Who Participate in any Prepayment Program

Total Responding to Questions Concerning RVS	Number of Respondents	Per Cent Using RVS and Per Cent Satisfaction of RVS Users	Per Cent Use by Degree of Satisfaction
Total responding	6,324	100.0	
Do not use RVS.....	1,406	22.2	
Use RVS	4,918	77.8	
Total using RVS.....	4,918	100.0	
Satisfied	4,037	82.1	100.0
Use all the time.....	2,731	55.6	67.7
Use occasionally	886	18.0	21.9
Use only in specific cases	420	8.6	10.4
Not satisfied	514	10.5	100.0
Use all the time.....	174	3.5	33.9
Use occasionally	190	3.9	36.9
Use only in specific cases	150	3.1	29.2
No opinion	367	7.4	100.0
Use all the time.....	76	1.5	20.7
Use occasionally	170	3.4	46.3
Use only in specific cases	121	2.5	33.0

TABLE 1.—Use of and Satisfaction with the Relative Value Studies by All Physicians*

Nature of Response	Number of Respondents	Per Cent of All Respondents	Per Cent of Satisfaction by Frequency of Use
Total respondents	9,061	100.0	
Do not use.....	2,688	29.7	
Use all the time.....	3,726	41.1	100.0
Satisfied	3,377	37.3	90.6
Not satisfied	239	2.6	6.4
No opinion	110	1.2	3.0
Use occasionally	1,680	18.5	100.0
Satisfied	1,164	12.8	69.3
Not satisfied	277	3.1	16.5
No opinion	239	2.6	14.2
Use only in specific cases	967	10.7	100.0
Satisfied	553	6.1	57.2
Not satisfied	238	2.6	24.6
No opinion	176	2.0	18.2

*Overall total response by 11,910 physicians includes 2,849 physicians not in private practice or who did not answer question regarding RVS usage.

TABLE 4.—Satisfaction and Frequency of Use of RVS by Physicians in Private Practice Who Do Not Participate in Any Prepayment Program

Total Responding to Questions Concerning RVS	Number of Respondents	Per Cent Using RVS and Per Cent Satisfaction of RVS Users	Per Cent Use by Degree of Satisfaction
Total respondents	2,671	100.0	
Do not use RVS.....	1,258	47.1	
Use RVS	1,413	52.9	
Total using RVS.....	1,413	100.0	
Satisfied	1,023	72.4	100.0
Use all the time.....	625	44.3	61.1
Use occasionally	269	19.0	26.3
Use only in specific cases	129	9.1	12.6
Not satisfied	237	16.8	100.0
Use all the time.....	64	4.5	27.0
Use occasionally	86	6.1	36.3
Use only in specific cases	87	6.2	36.7
No opinion	153	10.8	100.0
Use all the time.....	33	2.3	21.6
Use occasionally	67	4.7	43.8
Use only in specific cases	53	3.8	34.6

practice who participate in some form of prepayment program and for those who do not participate in any such program. Whereas almost 80 per cent of physicians in the former group use the RVS, under 53 per cent in the latter group do so. Of users only, 82.1 per cent of program participants find the RVS satisfactory and 10.5 per cent are dissatisfied; the percentages for non-participants are 72.4 and 16.8 respectively.

Of the 6,324 responses enumerated in Table 3, it is of interest that 6,089 were from participants in Blue Shield and/or Foundations for Medical Care or other physician-sponsored Foundations.

The foregoing data represent responses from almost 50 per cent of all physicians in private practice in California. Although the characteristics of the respondents, such as age and medical specialty, have yet to be compared with those of all physicians in private practice, the high rate of response suggests that these data are generally representative of the universe.

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